



Inspection Services Division
Department of Community Planning and Development
City of Rockville
111 Maryland Avenue, Rockville, Maryland 20850
240-314-8240 • fax 240-314-8265

APPLICATION FOR PLUMBING PERMIT

Property Address _____

Master Plumbers Name _____

Address _____ City License # _____

Owner Name _____ Home Phone _____

Owner's Address if different _____

_____ Residential or _____ Commercial _____ New Building or _____ Old Building

Fixtures: *Indicate all New, Replacement or Relocated*

_____ Sinks _____ Tub / Showers _____ Water closets _____ Lavatories

_____ Water Heater _____ Laundry Tray _____ Floor Drain _____ Spas/HotTub

_____ Hose Bibs _____ Dishwasher _____ Coffee Maker _____ Ice Maker

Other: _____

Meter: _____ New Meter Size _____ Existing Meter Size _____ Fire Meter Size

Contribution: _____ Water _____ Sewer

Tap: *Size In Inches* _____ " Fire _____ " Water _____ " Sewer

Submeter: _____ Submeter Size

Connection or Repair:

Water Connection Material _____ Length _____ ft.

Sewer Connection Material _____ Length _____ ft.

Master Plumber's Signature _____